

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022806

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 5086 Registrar's No. 251. PLACE OF DEATH FILED JUL 2 1962a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Goldsberry

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Howell

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Francis Hosp.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Route 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First FredMiddle J.Last Carr

4. DATE OF DEATH

Month JuneDay 22Year 1962

5. SEX

M.

6. COLOR OR RACE

W.7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/26/77

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Eminence, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas J. Carr

13b. MOTHER'S MAIDEN NAME

Lena O'Brien

14. NAME OF HUSBAND OR WIFE

Cordelia Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Cordelia Carr Rt. 1 Mt. View, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1958to 1962and last saw her alive on June 22Death occurred at June 22, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. C. Walton M.D.

22b. ADDRESS

Mountain View, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/24/62

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cem.

23d. LOCATION (City, town, or county)

Salem, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mt. View, Mo.

25. DATE RECD. BY LOCAL REG.

6-28-62

26. REGISTRAR'S SIGNATURE

Lenna McPhail

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph A. Luman

Licensed Embalmer No.

4325

P. O. Address

Wm. E. Luman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Sent to Dr. 6/23/62 Rec'd from Dr. 6/26/62

Sent to Local Reg. 6/26/62